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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 02/10/2004 23524 7590 FOLEY & LARDNER LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 150 EAST GILMAN STREET P.O. BOX 1497 MADISON, WI 53701-1497 Fri<u>edrichsen</u> (Depositor's name) Bernard P. (Signature (Date 2004 FIRST NAMED INVENTOR APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 09/911,367 07/23/2001 Clark R. Landis 032026-0594 3382 TITLE OF INVENTION: DIAZAPHOSPHACYCLES SMALL ENTITY ISSUE FEE **PUBLICATION FEE** APPLN. TYPE TOTAL FEE(S) DUE DATE DUE YES NO \$666 \$1,330 \$965-\$1,675 \$300 05/10/2004 nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** EPPERSON, JON D 1639 435-004000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or 2 Foley & Lardner LLP agent) and the names of up to 2 registered patent "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Wisconsin Alumni Research Foundation Madison, Wisconsin U.S.A. Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ Corporation or other private group entity ☐ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. TPublication Fee ☐ Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____15 ∞ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2350 (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Date) (Authorized Signature) March 30, 2004 04/06/2004 WABDELR3 00000050 09911367 NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. 1330.00 OP 300.00 DP 01 FC:1501 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Clark R. Landis et al.

Title:

DIAZAPHOSPHACYCLES

Appl. No.:

09/911,367

Filing Date:

07/23/2001

Examiner:

Jon D. Epperson

Art Unit:

1639

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below.

Bernard P. Friedrichsen

(Printed Name)

(Signature)

March 30, 2004

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ISSUE FEE TRANSMITTAL

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Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$1,675.00 for payment of the Issue Fee, Publication Fee, and 15 additional copies of the issued utility patent.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350.

Respectfully submitted,

Date March 30, 2004

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